

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013130

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3581

FILED APR 12 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

2 mo.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Masonic Home of Mo.

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN

Hannibal

d. STREET
ADDRESS

(If outside, give location)

4910 College Ave.

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Harry

Middle

Hayes

Last

Ross

4. DATE
OF
DEATH

Month

Day

Year

April

4

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/19/82

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Electrician

10b. KIND OF BUSINESS OR INDUSTRY

Electrician

11. BIRTHPLACE (City and state or country)

Hannibal, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Lewis V. Ross

13b. MOTHER'S MAIDEN NAME

Mattie A. Butcher

14. NAME OF HUSBAND OR WIFE

Pearl Queen Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Masonic Home of Mo.

5351 Delmar Blvd.

Address

Lewis P. Robertson

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE MYOCARDIAL INFARCTION

INTERVAL BETWEEN
ONSET AND DEATH

3 mos.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.)

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

3 mos.

DUE TO (c)

ARTERIOSCLEROSIS, GENERALIZED

3 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH ~~but~~ related to the terminal
disease condition given in PART I (a)

ATRIAL FIBRILLATION

CARDIAC DECOMPENSATION

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

--- 420.0

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/7/62

to 4/4/62

and last saw him alive on 4/4/62

Death occurred at 9:05 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert A. Hall

(Degree or title)

M.D.

22b. ADDRESS

5351 DELMAR, ST. LOUIS 12, MO.

22c. DATE SIGNED

APR 9, 1962

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

4-4-62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Hannibal, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe, Inc., 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.

APR 4 1962

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

VS 300
Rev. 4/59

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86-0

86

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.